

CFBHPP Committee
Meeting Summary
Henrico County CSB – Conference Room C
Glen Allen

February 9, 2006

I. Welcome and Introductions - Brian Meyer

Minutes from the previous meeting were reviewed. Motion to approve the minutes made by Catherine, seconded by Wayne. Motion to accept the minutes passed.

II. Ad hoc committee: Use of state facilities for children – Don Roe

Don Roe: DMHMRSAS has requested Special Populations workgroup to come back together to do an analysis of the use of state facilities for children. This ad hoc committee will be a special ad-hoc committee of the Special Populations workgroup. Shirley disseminated a summary of findings from the OIG. Pertinent points:

- How is the DMHMRSAS using the facilities in the best way possible to meet community needs and to address what is needed statewide?
- What is the role of the two facilities; who are they to serve and whom can they serve better.
- Rather than creating a whole new community, asking the Special Populations workgroup to convene a group of stakeholders to focus on the analysis, look at the questions, ask the right questions, and come up with recommendations back to this committee for review.
- This is an opportunity to define how we want to use state facilities in the future. Should they be used for short-term, for diagnostic purposes, do we need long term care are among the issues that need discussion.
- Need to look at private capacity as well as the publicly funded facilities. There are regional differences that must be assessed related to need.
- How is the issue being defined, for purposes of the OIG report, the issue is about the two publicly funded facilities.
- Ten questions have been formulated for the study. See handout.
- Input from the sub-committee could be shared with the CFBHPP committee to deal with funding issues.
- DJJ working on a similar activity, diverting children who enter the juvenile justice system who need mental health services. (Title II funding).
- Add a question to the study that the legislature always asks: are there enough acute beds. Data is not consistent statewide. Primary care physicians are also saying that there are not enough beds.
- Data appears to be flawed, a need for mechanism for hospitals to report data related to availability of beds. Acute care bed capacity is below need.

- Virginia Treatment Center considering a nine-month unit. There is need for creatively looking at bed utilization, in different ways than the beds have considered before. More than 100 beds for children and adolescents have been eliminated in the past 15 years. Every avenue needs to be explored, whom do the facilities serve, where is the need, consistent with the principles of community based and close to families.
- The issue of where the resources are needs to be studied and perhaps a clearinghouse that identifies where the resources exist and where the deficits exist.
- Decrease in acute care beds was planned for the public system but decrease in acute care beds for private system was not planned. Is the decrease in private bed utilization related to reimbursement from third party payors or are there other factors that contributed to the decrease.
- The decision to admit is based on higher reimbursement for admission than for outpatient care. Providing incentives for community based services would help ameliorate the problem.
- Other questions for the committee to consider; the location of beds. Demand increase is in northern Virginia; the committee needs to think about where are the referrals coming from. This is another factor that must be considered. Are there beds near where the demand exists?
- Final recommendations will be finished by June.
- What are the implications related to the federal budget cuts. The impact about the budget cuts will not be known for a couple of months.
- The importance of communication was stressed between this ad hoc committee and the joint workgroup with SLAT.
- Virginia Treatment Center: going to communities they serve the most and asking the question of focus groups what is the expectation of the VTC, what do people need that VTC is not providing. Plan to bring the information from the focus groups back to this committee. Commonwealth Center doing something similar and will bring information back to this committee as well.
- SEC and the SLAT are meeting to look at outcomes for children and families. Planning to bring in Mark Frieden who has done this work nationally. The challenge will be to adopt outcomes that
- Membership: cross-representation of the state, each region, Pam Fisher, Brian Meyer, and Catherine Hancock, Fran Gallagher (representing families), Stacie Fisher, representatives from both facilities, Russ McGrady, pediatrician (Fran will help recruit a physician), representative from juvenile justice court, Joyce Kube, child psychiatrist (Bela will recruit a child psychiatrist), representative from DJJ, DSU, behavioral services, Joanne Smith, and education.
- Motion: to form the subcommittee to focus on what is now and what should be role of public mental health facilities for children and adolescents in the Commonwealth. Charline moved, Shirley seconded, motion carried.

III. Status of Governor's Mental Health Initiative – Shirley Ricks

- \$17.4 included in the Governor's Transformation Initiative. \$1 million for SOC for two more projects. After the services committee meetings there will be additional information about how the two projects will be funded. \$1 million to expand DJJ/MH projects. The Department's goal is to ensure that mental health services are available in all 25 detention centers. Teams will meet sometime in February to develop protocols for disseminating the funds. (See January meeting summary for membership on the teams who are committee members of CFBHPP.)
- In the juvenile justice system, all children are viewed as offenders and in need of mental health services. The ultimate goal is to divert all children who are incarcerated solely because of their behavioral health issues into more appropriate placements, away from the juvenile justice system.
- Re DJJ study of diversion: recommendation, to look at successful diversion programs, evidence based or best practices. DJJ will need to understand the conflict between juvenile justice system and the mental health system. Judiciary needs to be at the table and have continuing education about what is needed on the mental health side related to working with this population.
- Outcomes: Charline, established activities, March 1, 31, April 18, and April 28. Surveying stakeholders to identify key measures. Two questions, what indicators/instruments would best document changes in the lives of communities and families and what indicators/instruments would best document service system changes and document transformation about the systems initiatives.
- Develop measures in three areas: the extent to which the system supports the core values; the effect of the Department's activities on how the system operates, and how to collect the data through reporting requirements.
- Funding for early intervention, \$4 million for FY 2007 and FY 2008, outcomes, compliance issues, tying funding to outcomes for children and SPP indicators. This will be a challenge.

IV. Legislative Session – Mary Dunne Stewart

- The committee discussed the Joint Commission on Health Care recommendations. Mary Dunne Stewart will follow up with staff of the finance and house appropriations committees about errors in the funding recommendations related to the recommendations from the committee.
- Members of the committee discussed strategies for advocating for the budget amendments for children's mental health.

V. Update VA-INFO – Fran Gallagher

- Fran announced that she will be leaving the area in June and suggested the committee consider nominating another family member to serve as vice chair.

- Committee members expressed appreciation for Fran's contribution to Virginia and wished her success.
- Handouts were disseminated to the committee. Five statewide organizations came together, Federation of Families, PEATC, ARC, Parent to Parent and Medical Home Plus. On the coalition, family members, VDH Title V Children with Special Health Care Needs, OCFS is also represented on the group. Group has met 5-6 times; strategic plan has been developed.
- First annual VA-INFO conference will be held October 27 and 28 in Charlottesville. The Department \$6,600, approved \$16,500 from the Mental Health Planning Council, \$1,000 from AHEC (will handle CEU's) and exploring other options for sponsorship of the conference, to satellite in at least one other region, providing the same level of support to the families participating at a satellite location.
- One tract, educating families about committees, advisory councils, parent resource centers, opportunities for families to connect at local, regional, state, and national levels. Planning to add tracts for professionals who will also be attending the conference.

VI. Joint workgroup project with SLAT – Brian Meyer & Kim McGaughey

- Please refer to the handout regarding expanding community service joint task group membership, challenges/opportunities and plan for reporting of recommendations for discussion to CFBHPP committee and CSA state and local advisory team.
- There was discussion about the need for additional members representing education and for a child and adolescent local CSB representative. Wayne Berry volunteered to represent education. Shirley will contact Gina Wilburn and Sandy Bryant for a name of a representative from Child and Adolescent coordinators.
- Fran raised the question about a representative from the Mental Health Planning Council children's committee to serve on the joint task force. Vickie Hardy-Murrell will represent the Mental Health Planning Council.
- A suggestion to add as a challenge/opportunity the issue of the appropriateness of residential care related to community based care. Another challenge/opportunity might be in the area of transition to adult services. A third suggestion, a component of engaging and empowering families. A partnership that runs as a thread through all communities. If you are building capacity as part of SOC, the importance of family involvement, to integrate this into the challenges/opportunities for this task force.

VII. 2006 Report/Report Writing Committee – Brian Meyer

Areas to Address in 2006 Report: (see handout for detailed list of areas to address in 2006 report).

Additional areas for consideration –

- Inpatient beds – public/private
- Kids aging out
- Children transitioning out of higher level services

Pertinent points from the discussion regarding broader themes for the 2006 report:

- Need to keep in mind we have 15 pages for the report.
- Is this document the second report of the biennium.
- What are the key areas for the 2006 report.
- Introduction; what was received/how it fits into the bigger picture of children's behavioral health needs.
- What is current CSB capacity? What are we looking for, how many children served, how many children are on waiting lists, etc. Might want to consider bringing together data from different sources, what our current knowledge is related to capacity then the question becomes how to capture data from private providers. The questions are the same about capacity. Is there sufficient capacity in communities to meet the current level of demand. Primary Care Association could help get data from primary care providers. Survey.
- Capacity building, the major theme of the last report is carried over into the 2006 report. Capacity building is a continual process.
- Family empowerment and partnership and support.
- MR and SA.
- Autism Spectrum Disorders.

Motion to adjourn, motion made by Don and seconded by Lloyd. Motion passed.